



Health
Canada Santé
Canada



POPULATION AND
PUBLIC HEALTH BRANCH
BRITISH COLUMBIA

Highlights of Our Work

april 1, 2002 - march 31, 2003
Annual Summary



Canada

INSIDE

Program Updates | Program Results | Special Initiatives

TABLE OF CONTENTS

B.C. Team Charter - Population & Public Branch	3
Using a Population Health Approach to Promote Health	4
Funding Programs	
Aboriginal Head Start Urban & Northern Program	5
Community Action Program for Children	6
Canada Prenatal Nutrition Program	7
Population Health Fund	8
AIDS Community Action Program	9
Diabetes	10
Falls Prevention Initiative	11
Hepatitis C Community-Based Support Program	12
Rural and Remote Health Innovations Initiative	13
Special Initiatives	14
How to Contact Us	16



HEALTH CANADA'S MISSION STATEMENT

To help the people of Canada maintain and improve their health.

B.C. Team Charter - Population & Public Health Branch

Purpose of Our Team

The purpose of the Population & Public Health Branch's B.C. Team is to increase the capacity of communities in using a population health approach to promote health and reduce inequities in health status.

Key Partners

Our key partners are non-profit organizations who deliver Population & Public Health Branch funded programs, the B.C./Yukon regional branches and national offices of Health Canada, other federal departments and agencies, the Government of B.C., Regional Health Authorities, municipalities, funding partners, universities and research institutes, and project participants.

Types of Products and Services We Provide Community Partners

- ▲ Funding to communities to reduce health inequities for at-risk children aged 0 to 6 years, at-risk pregnant women, at-risk youth, people with or at-risk of contracting HIV/AIDS and HepC, people with diabetes, rural populations, and seniors and veterans who are at-risk of injury through falls;
- ▲ Support to community partners who deliver Population & Public Health Branch funded programs to increase capacity in program and financial management, organizational development, the use of the population health approach and evaluation;
- ▲ Support to communities to increase community capacity and education about the determinants of health and on what actions to take to improve health and reduce inequities;
- ▲ Creation and maintenance of effective relationships with our key partners, including our Federal counterparts in the Region and in Ottawa, in order to assist at-risk populations.

Key Results

- ▲ The people of B.C. and our key partners have a better understanding of what affects our health and how to reduce illness, disability, injury and/or death and promote health.
- ▲ Population & Public Health Branch funded projects have increased capacity to reach and involve at-risk population groups and increased effectiveness in improving health outcomes with those groups.
- ▲ Decision-making that is transparent, objective, accountable, and guided by best practice.

Our Values

Clients First
Respect
Integrity
Inclusion/ Equity/ Diversity
Courage
Excellence
Accountability
Celebrate Achievements
Teamwork



Using a Population Health Approach to Promote Health

Health Canada is committed to the improvement of the well-being of Canadians through health promotion and illness prevention. One way Health Canada is working to achieve this goal is through the creation of federal funding programs as part of its "Promotion of Population Health Business Line". These programs provide funding, based on specific criteria, to community-based non-profit organizations for the purpose of increasing the capacity of individuals and communities to maintain and improve their health. The PPHB B.C. team is responsible for administering nine of these Funding Programs. The following pages describe each of these Funding Programs, their target populations, expected outcomes, major activities and how they have made a difference to the residents of B.C.

The Population Health Approach

A unifying principle of Population Health funding programs is to strengthen the capacity of the voluntary sector to use a **population health approach** in enhancing the health and well-being of individuals and communities. This section explores what is a "population health approach" and how does it make a difference to the health of Canadians.

In 1994, the "population health approach" was officially endorsed by the federal, provincial and territorial Ministers of Health. In January 1997, the Federal, Provincial and Territorial Advisory Committee on Population Health (ACPH) defined population health as follows:

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.¹

Health Canada defines the population health approach as *an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.²*

These factors and conditions are known as "determinants of health". For more information on the 12 determinants of health, refer to the Health Canada website.³

Ingredients of a Population Health Approach

What are the ingredients of a population health approach and how do community organizations put them into action?

- 1. Focus on the Health of Populations** - assist population groups who experience poorer health due to such structural factors as poverty, lack of education, discrimination or isolation.
- 2. Address the Determinants of Health and their Interactions** - identify those factors which negatively influence the health of certain population groups and work with the community to address them.
- 3. Base Decisions on Evidence** - in seeking to understand health issues and develop effective interventions, community organizations are encouraged to gather evidence from such sources as demographic data, research findings, government reports, project evaluations, and key stakeholders.
- 4. Increase Upstream Investments** - communities are encouraged to focus on the root causes of health issues through activities addressing health protection, illness prevention, and health promotion.
- 5. Apply Multiple Strategies** - to be effective, interventions are often required on many levels: individual, family, organization, community and public policy.
- 6. Collaborate Across Sectors and Levels** - improving the health of population groups requires collaboration from different sectors to address health determinants such as poverty and discrimination: Government (federal, provincial, municipal) voluntary and non-profit organizations, other public sectors such as health authorities and school districts and private businesses.

¹ *Towards a Healthy Future, Second Report on the Health of Canadians, 1999.* Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health.

² <http://www.hc-sc.gc.ca/hppb/phdd/approach/index.html>

³ www.hc-sc.gc.ca/hppb/phdd/approach/approach.html

FUNDING PROGRAMS

Aboriginal Head Start Urban & Northern Program

PROGRAM DESCRIPTION

Health Canada introduced the Aboriginal Head Start (AHS) Urban & Northern program in 1995 to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal children with a positive sense of themselves, a desire for life long learning, and opportunities to develop fully as successful young people.

AHS projects in B.C. operate a centre-based preschool serving First Nations, Métis and Inuit children and families living off-reserve. The projects offer activities in the following components:

- ▲ Culture & Language
- ▲ Education
- ▲ Health Promotion
- ▲ Social Support
- ▲ Nutrition
- ▲ Parent Involvement

FACTS & FIGURES

The AHS program funds 8 project sites and four in development in BC, for approximately \$4.1 million.

There are 315 children attending AHS projects, and the four developing sites will add another 160 children by the Fall of 2003, for a total of 475 children served by AHS.

Almost 60% of parents are involved in their children's preschools at least once a month.

Making a Difference

Preliminary evaluation results, examining the component of social support, show that the experience of parents in AHS increases the number of significant people, parents consider supportive. For example, although parents may enter into an AHS program with a high level of isolation, their network of social support increases through encounters with AHS staff and other parents. Parents, with a year or more experience in AHS, have a larger social support network which appears to provide them with more resources to deal with personal and family issues. The qualitative stories from parents support these preliminary evaluation results.

Highlights

AHS in BC produced two creative resources for the program:

- ▲ **Educational Resources for AHS** is a large list of existing materials and books that could be used in the preschool,
- ▲ **Parent Involvement in AHS: Building Community** is a book written specifically on how to plan and increase parent involvement in projects.

Numerous training opportunities have been accessed by AHS projects and staff:

- ▲ Three-day intensive training in human resource management,
- ▲ Annual training workshop on February 18-19 with the Community Action Program for Children and the Urban Aboriginal Early Childhood Development Program funded by the Ministry of Children & Family Development, and
- ▲ Board Development.

Did You Know...

- ▲ 170,000 Aboriginal people live in BC. About 29% are fourteen years and under.
- ▲ Almost 8% of children in the school system call themselves Aboriginal.
- ▲ The number of Aboriginal students graduating from Grade 12 has doubled since 1991, but only approximately 42% of Aboriginal students graduate.



"AHS has given me experiences I never thought possible. I have travelled around BC, sat on hiring committees, fund-raised and started to learn how to use a computer. I feel more secure as a parent and as a person."

Jennifer Kingsmill, parent of child in Eagles Nest AHS.

Community Action Program For Children

Making a Difference:

74.9% of CAPC programs serve both parents/caregivers and their children. Within Canada, B.C. projects report the second highest percent (88%) of programs attended by one or more minority cultural groups.

The majority of CAPC programs in B.C., 61%, focus on improving parenting skills, 60% of the programs decrease parents' social isolation, and 33% work with parents to increase their self-esteem.

Program participants are very involved in planning and delivering CAPC programs in B.C. Ninety-six percent of B.C. Coalitions offer participants informal opportunities to participate, 100% offer formal opportunities.



Did You Know...

In British Columbia, CAPC has defined "families living in conditions of risk" as:

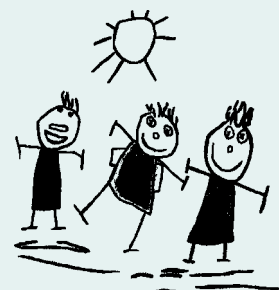
- ▲ Low-income: on income assistance, working poor;
- ▲ Parents with less than Grade 12 education/teen parents;
- ▲ Aboriginal and living off-reserve;
- ▲ Experiencing social/cultural isolation and lack of a social support network;
- ▲ Living in remote communities with lack of access to parent support services; and
- ▲ Parents with substance misuse or abuse problems.

CAPC funded projects in B.C. work to achieve the following long term outcomes:

1. Children aged 0 to 6 years, living in conditions of risk, have improved health and social development;
2. Parents of children 0 to 6 years, living in conditions of risk, have increased parenting skills and parenting support; and
3. Increased recognition and support by the community, of families and children who are at risk, their needs, interests and rights.

PROGRAM DESCRIPTION:

The Community Action Program for Children (CAPC) provides long term funding to community coalitions to deliver services that respond to the health and social development needs of children, aged 0 to 6 years, living in conditions of risk. CAPC projects were funded in B.C. beginning in 1994.



FACTS AND FIGURES:

B.C. has 23 CAPC Coalitions, each consisting of between 2 and 13 member agencies and numerous community partners. The most frequently reported Coalition members are health organizations. Fifty percent of projects have 21 or more partners. The 23 B.C. projects serve an average of 12 communities each.

Approximately \$5.9 million is allocated to the 23 Coalitions to deliver 189 programs from 109 sites throughout B.C. The majority of B.C. Coalitions receive between \$100,000 and \$300,000 in CAPC funding.

7600 children and their caregivers were served by CAPC funded programs in the period of April 1, 2001 to March 31, 2002. On average, there are 330 children and adults participating in each Coalition's programs in a typical month.

Canada Prenatal Nutrition Program

PROGRAM DESCRIPTION

The Canada Prenatal Nutrition Program (CPNP) provides long term funding to community organizations to enable the provision of services and supports to pregnant women facing conditions of risk threatening their health and the health of their newborn babies. CPNP services for mothers and infants up to six months of age include: nutrition counselling, food supplements, social support, education, referral to other services, and counselling on lifestyle issues, such as alcohol and abuse.

FACTS AND FIGURES

There are currently 46 CPNP projects in B.C. providing services from 56 sites. Twenty-two of these projects are also funded by their local Health Authority. The total CPNP funding is \$2.8 million per year.

4,000 women are served each year. More than 65% of the women are considered to be "low income," and an estimated 43% of the women have incomes less than \$1,000/month

Making a Difference

Healthier Babies

- ▲ In 2001-2002, 95% of babies born to CPNP participants had healthy birth weights and the mean birth weight was 3477 grams, 7lbs10.6 oz.
- ▲ Six communities in BC are currently undertaking a development process to form community partnerships in order to support at risk pregnant women in their communities. Hunger has been a special focus for CPNP projects this year. Using a regional model, projects are working with a mentor to increase the food security of families in their programs.

More Women Breast-feed

- ▲ At hospital discharge, 89% of women attending CPNP projects were breast-feeding their infants. In the rest of Canada the initiation rate is 76%.

From the mouths of participants:



"All the teachings that have come along with these programs (CPNP) have benefitted me and my family; I now know how to budget within my means, yet provide healthy nutritious meals for my family."

"I can remember back over four years ago now, my counsellor (at CPNP) said 'I wouldn't be surprised to see you work here one day'and here I am!"

Did You Know...

In British Columbia, CPNP defines "pregnant women and their infants facing conditions of risk" as:

- ▲ Women living in poverty;
- ▲ Pregnant teens;
- ▲ Women who use alcohol, tobacco, or other harmful substances;
- ▲ Women living in violent situations;
- ▲ Recent immigrants;
- ▲ Aboriginal women; and
- ▲ Women living in geographic or social isolation or with limited access to services.

CPNP projects in B.C. work to achieve three long term outcomes:

1. Improve the nutrition status and access to nutritious food for participants and their families;
2. Improve the health status of participants using a population health approach; and
3. Promote the healthy growth and development of infants.



Population Health Fund

Making a Difference

Based on an analysis of information drawn from a number of sources, the PPHB Regional Office in B.C. chose to use the PHF to address the following youth health issues:

- ▲ Mental health
- ▲ Sexual exploitation
- ▲ Sexual health
- ▲ Dropping out of school
- ▲ Unemployment
- ▲ Crime and violence prevention
- ▲ Homelessness and street involvement

In reviewing submissions, priority was given to projects which included a **strong Aboriginal component** and/or addressed the specific needs of **multicultural communities**.

All youth projects started in April 2002 and will terminate March 2004. Projects worked with Health Canada to develop a Population Health Fund Logic Model¹ for B.C., which identifies **three long term outcomes**:

1. Youth living in conditions of risk, especially Aboriginal youth and youth in multicultural communities, have improved educational achievement, employment skills, social skills, income and health;
2. Increased effectiveness of organizations serving youth at-risk; and
3. Increased recognition and support by the community of youth who are at-risk, including their needs, strengths, interests, and rights.

The Logic Model identifies 5 areas of activities for PHF projects:

Youth Participation & Involvement focussing on Youth and Organizations serving Youth

Project activities include training and support of peer advocacy as well as Board and staff training.

Education & Skill Development focussing on Youth living in conditions of risk

Projects offer activities such as tutoring, skill building, education on issues such as bullying/violence and substance use, and life-skills and pre-employment training.

Healthy Lifestyle Choices focussing on Youth living in conditions of risk

Project activities include working with youth to organize drug and alcohol free social events and developing school curriculum on substance abuse prevention.

Improve Service Access & Effectiveness focussing on Organizations & Groups

Project activities include training for service providers working with LGBTQ² youth and producing a Guide to Services for at-risk youth.

Community Awareness & Support focussing on Communities where Youth living in conditions of risk reside

Projects are facilitating community discussions to increase community awareness and understanding of issues affecting youth, such as homophobia, sexual exploitation and homelessness.

PROGRAM DESCRIPTION

The goal of the Population Health Fund (PHF) is to increase community capacity for action on factors that affect the health of population groups.

The objectives of the Fund are to:

- ▲ develop community-based models for applying the population health approach;
- ▲ increase the knowledge base for program and policy development on population health; and
- ▲ increase partnerships across sectors to address the determinants of health.

Organizations sponsoring the ten PHF funded projects will be evaluating their projects and this information will be used for knowledge development around best practice.

¹ A logic model provides a conceptual framework which identifies the linkages between the activities, outputs, and expected outcomes of a program.

The logic model can be used to design an evaluation which measures success in achieving the outcomes.

² LGBTQ refers to lesbian, gay, bi-sexual, transgendered, and queer or questioning youth.

FACTS AND FIGURES

In 2002 - 2003, a total of \$804,044. was allocated to 10 PHF projects located in urban, suburban, Gulf Island and rural communities throughout B.C.

PROGRAM DESCRIPTION

The AIDS Community Action Program (ACAP) is a component of the Canadian Strategy on HIV/AIDS – the Federal Government’s response to the AIDS epidemic in Canada. ACAP has been in existence since 1989 and provides funding to community-based organizations that address HIV/AIDS issues to:

- ▲ Prevent the spread of HIV;
- ▲ Ensure treatment, care and support for people living with HIV/AIDS and their caregivers, family and friends;
- ▲ Minimize the adverse impact of HIV/AIDS on individuals and communities; and
- ▲ Minimize the impact of social and economic factors that increase individual and collective risk for HIV infection.

ACAP, cited as a model for the Federal Government in supporting community action, develops and strengthens the ability of community groups to address HIV/AIDS issues through targeted prevention initiatives, health promotion for people living with HIV/AIDS, and the creation of supportive environments.

FACTS & FIGURES

In 2002 - 2003, \$1,096,400.00 was allocated to twenty-three projects in B.C.

AIDS Community Action Program

Did you know....

“The latest numbers show 500 new HIV infections in B.C. over the last year, which is a significant increase over previous years.. The hard part of the epidemic has yet to come”

...BC Centre for Excellence in HIV/AIDS, August 2001.

Making a Difference

▲ ACAP has supported community action through the twenty-three operational and time-limited projects, two of which developed into province-wide Aboriginal and non-Aboriginal Networks. While linking with policy makers and researchers, the Networks focussed on skill building, communication and distribution of resource material and information amongst member AIDS Services Organizations and other stakeholders throughout the Region.

▲ ACAP in B.C.’s long term partnership with the Provincial Government is in the process of expanding to include the five Regional Health Authorities responsible for health services throughout the Province. An evaluation framework is under development with the Province and plans for workshops by year end are underway.

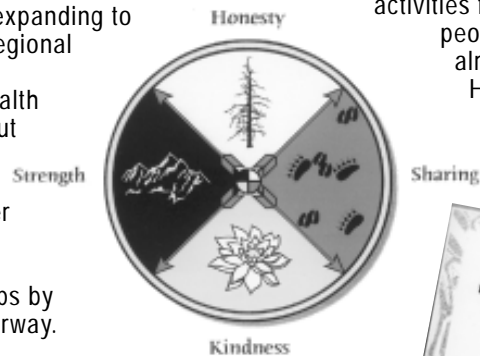


Fig.1. Okanagan Aboriginal leaders Conference on Awareness-raising of HIV/AIDS and community planning

Fig.2. Education Manual for Aboriginal educators and speakers

Solicitation for proposals has been completed for 2003-07 operational projects and 2003-05 time-limited projects.

ACAP funded initiatives focus on:

- ▲ health promotion, education, advocacy, outreach services and harm reduction activities with such populations at-risk as inmates, women, youth, sex workers, people who use drugs, GLBT, Men Having Sex with Men, and Asian and Aboriginal peoples, as well as people living with/affected by HIV/AIDS.
- ▲ education of health and street workers, volunteers
- ▲ geographical areas needing increased attention such as Vancouver’s Downtown Eastside, northern and rural communities.

The spread of HIV/AIDS is disproportionately higher in the Aboriginal population. To address this, funding has supported culturally sensitive, traditional ways in awareness-raising of leaders and elders, training of educators, caregivers, speakers, and youth peer educators, as well as in health promotion and harm reduction activities for those Aboriginal people at-risk and those already living with HIV/AIDS and their families and friends.



Diabetes Prevention and Promotion Contribution Program

Did You Know...

- ▲ 4.9% of the BC population has diabetes.
- ▲ In 2000/2001, the estimated cost of diabetes care in BC was \$761,400,000 or 16.6% of the overall health budget.
- ▲ By 2010, it is expected that 325,000 people or 7.1% of the BC population will have diabetes.
- ▲ 90% of people with diabetes have type 2 diabetes.
- ▲ Recent studies show that approximately half of all cases of type 2 diabetes can be delayed or prevented through healthy eating and increased physical activity.¹

Making A Difference

Examples of how the projects have met the objectives of the Diabetes Prevention and Promotion Contribution Program are described below.

Increased awareness and knowledge of diabetes and its complications, risk factors for type 2 diabetes, and behaviours and skills needed to prevent type 2 diabetes

- ▲ Community kitchens are improving access to health information for the Vietnamese, Latin American and African communities in Vancouver.
- ▲ Workshops, mapping community resources, are contributing to the development of a regional network of healthy living partners on Vancouver Island.
- ▲ Community focus groups have identified barriers to participating in physical activity on the Saanich Peninsula.
- ▲ Community events, peer-led school activities, and advocacy training are raising awareness of risk factors for type 2 diabetes in the Coast Garibaldi region.

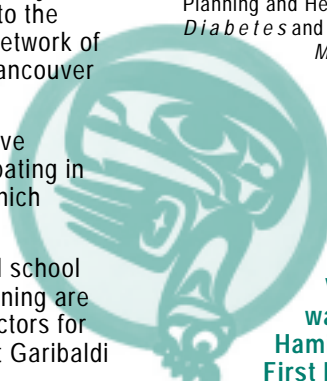
Identification of effective approaches for the primary prevention of type 2 diabetes

- ▲ The city of Nanaimo has been declared a "Healthy Living City" and affordable ways to healthy eating and increased physical activity are being promoted.
- ▲ Organized community walking events and kilometre markers on local trails are promoting physical activity in the Alberni Valley.
- ▲ The Healthy Eating and Active Living project in Northern B.C. (HEAL) is developing a regional network of healthy living partners across the north.

Promotion of the health and well-being of people affected by diabetes

- ▲ The Diabetes Self-Management Program is being implemented across the B.C. through trained community program leaders.
- ▲ An education resource on healthy eating has been developed and is being disseminated to newly diagnosed persons with type 2 diabetes .
- ▲ Resource materials, including a facilitator's guide and video, have been developed for the *Cooking ForYour Life!* Program.

¹ Source: British Columbia Ministries of Health Planning and Health Services. *Responding to Diabetes and Improving Chronic Disease Management: A Compelling Business Case for Diabetes.* 2002



The Living Well Walking Program's goal is to increase the level of physical activity of residents of the Alberni Valley. The program logo was designed by Ron Hamilton of the Huupachesaht First Nation.

PROGRAM DESCRIPTION

Initiated in 2000, as part of the Canadian Diabetes Strategy, the Diabetes Prevention and Promotion Contribution Program provides project funding to community-based projects that contribute to the following objectives:

- ▲ *Increased awareness and knowledge of diabetes and its complications, risk factors for type 2 diabetes, and behaviours and skills needed to prevent type 2 diabetes;*
- ▲ *Identification of effective approaches for the primary prevention of type 2 diabetes; and*
- ▲ *Promotion of the health and well-being of people affected by diabetes.*

FACTS AND FIGURES

In 2002/2003, the Diabetes Prevention and Promotion Contribution Program allocated \$496,585 to 10 projects in British Columbia.

These projects are supported through many community partnerships, with special thanks due to the following host organizations: Canadian Diabetes Association Pacific Area, Dial-A-Dietitian Nutrition Information Society, Nanaimo Foodshare Society, Northern Health Authority, REACH Community Health Centre, Redford Community School, University of Victoria Centre on Aging, University of Victoria School of Physical Education, Vancouver Coastal Health Authority, and the Vancouver Island Health Authority.

Falls Prevention Initiative

PROGRAM DESCRIPTION

August 2000, Health Canada and Veterans Affairs Canada jointly established the Falls Prevention Initiative, a community-based health promotion initiative to identify and implement effective falls prevention strategies for veterans and seniors. Funding from Veterans Affairs enabled staff from the Population and Public Health Branch, to work with community partners across B.C. to develop five pilot projects which achieve the following Initiative objectives:

1. Advance understanding and knowledge of effective falls prevention interventions/models directed to veterans, seniors and their caregivers using a population health approach; and
2. Develop the capacity of veterans, seniors and other community organizations to develop and deliver sustainable community-based health promotion programs addressing falls prevention.

FACTS AND FIGURES

In 2002 - 2003, the Initiative allocated a total of \$562,503 to five projects located in Vernon, Victoria, Prince George, Burnaby, and Vancouver.

The five projects sponsor activities involving more than 1500 seniors and veterans in 11 communities.

Did you Know...

- ▲ One in three seniors over the age of 65 will fall each year.
- ▲ Falls account for 65% of all injuries among seniors and 84% of injury related admissions to hospitals.
- ▲ Falls cost Canadians \$1 billion/year in direct health care costs.

Making a Difference

Examples of how projects are employing strategies in population health and health promotion are outlined below:

Create and Strengthen Partnerships among Key Stakeholder Groups

The Social Planning Council for the North Okanagan works with seniors and veterans organizations, the Health Region, researchers, municipal engineering officials and health and emergency service providers. The Northern Health Authority in Prince George has involved the Royal Canadian Legion, the University of Northern British Columbia, the City of Prince George and the Prince George Council of Seniors on its multi-stakeholder project Steering Committee.

Develop Collaboration across Sectors

The Fraser Health Authority has created two multi-sectoral coalitions to develop and implement falls prevention strategies in Burnaby and Ridge Meadows. Membership includes representatives from seniors and veterans groups, seniors' housing, recreation, health care and local government.

Increase Community Capacity for Action

The Northern Health Authority is increasing community awareness by establishing a system for reporting and reducing environmental hazards in public places. The 411 Seniors' Centre Society is developing information for the Punjabi and Chinese-speaking seniors in Vancouver and is working with volunteer counsellors to assist them to help their more frail, isolated clients assess and manage their personal risk factors. The Vancouver Island Health Authority is working with seniors, veterans, staff and volunteers in seniors' housing complexes, clubs, and day centres to identify and reduce personal and environmental risk factors.

Develop a Knowledge Base for Future Programs & Policy Development

An evaluation framework was developed and is being implemented by a third party evaluator. A mid term evaluation will be available in Spring 2003.



Hepatitis C Community-Based Support Program

Did You Know...

- ▲ In 2001, there were 43,000 people in B.C. with hepatitis C.
- ▲ The rate of hepatitis C in B.C. (108 per 100,000) is 2.6 times higher than the Canadian rate (42 per 100,000).
- ▲ The rate of hepatitis C varies greatly across the Province, in 2001 the lowest rate was reported on the North Shore of Vancouver (41.1 per 100,000) and the highest rate was in the Fraser Valley (385 per 100,000)¹.
- ▲ Among injection drug users, the rate of hepatitis C is reported to be about 98%.

Making A Difference

Examples of how the projects have met the objectives of the the Hepatitis C Community-Based Support Program are outlined below.

Contribute to a better understanding and appreciation in Canadian society of the nature and effects of hepatitis C, and greater sensitivity to and support for persons infected with, affected by, or at risk of hepatitis C infection

- ▲ Many community education projects around B.C. are disseminating information about hepatitis C to health care professionals, prisons, school districts, youth in schools and on the street, Aboriginal groups, injection drug users, and people with HIV/AIDS ;
- ▲ One centralized web site for community groups located on the B.C. Centre of Disease Control web site at: www.bccdc.org; and
- ▲ Conferences, presentations and workshop designed for specific population groups, such as the "Shoot for Safety" conferences to increase awareness of prevention

methods and treatment issues for B.C. youth, presentations to high school students, and attendance at raves.

Enhance the capacity of regional/local community-based organizations to provide support to these persons

- ▲ Development of educational resources such as videos designed to educate street-involved and mainstream youth about risky behaviour and a HepC Support Guidebook distributed to hospitals, health units, and pharmacies;
- ▲ Training of peer counsellors for a peer street program for injection drug users;
- ▲ Provision of support to persons infected with, affected by or at risk of contracting hepatitis C; and
- ▲ Creation of a network involving B.C. HepC organizations in education, skills development and support.

¹ B.C. Centre for Disease Control, *Annual Summary of Reportable Diseases*, British Columbia, 2001.

PROGRAM DESCRIPTION

In 1999, as part of Health Canada's strategy to address hepatitis C, the Hepatitis C Community-Based Support Program was established to provide project funding to community-based projects that contribute to the following objectives:

- ▲ Contribute to a better understanding and appreciation in Canadian society of the nature and effects of hepatitis C, and greater sensitivity to and support for persons infected with, affected by, or at risk of hepatitis C infection; and
- ▲ Enhance the capacity of regional/local community-based organizations to provide support to these persons.



FACTS AND FIGURES

In 2002 - 2003, the Hepatitis C Community-Based Support Program allocated \$618,000 to 15 projects located in urban, rural and remote communities throughout British Columbia and reaching people from all walks of life.

PROGRAM DESCRIPTION

The Rural and Remote Health Innovations Initiative was a three-year Health Canada program (ended March 31, 2003) that focussed on the concerns of rural Canadians. In B.C., the Initiative funded nine projects that aimed to:

- ▲ Promote the integration and accessibility of health services in rural and remote areas, including primary and specialty care;
- ▲ Explore ways to address workforce issues, including gaps in the supply of health professionals; and
- ▲ Explore system reforms to improve the delivery of health services in rural and remote areas.

PPHB B.C. worked closely with the B.C. Ministry of Health and the Provincial Coordinating Committee on Rural and Remote Health Services to identify an appropriate focus for the Initiative's limited funding. It was decided that the priority for B.C. was to support innovative approaches to primary care in rural and remote areas through working closely with regional Health Authorities and non-governmental organizations.

Another significant aspect of Health Canada's Rural Health program was active participation on the Canadian Rural Partnership's B.C. Rural Team, a unique horizontal and inter-jurisdictional group that includes local, provincial and federal governments and rural community organizations working together to improve life in rural B.C.

FACTS AND FIGURES

In 2002-2003, the Rural and Remote Health Innovations Initiative allocated \$390,000 to nine projects across B.C.

Rural and Remote Health Innovations Initiative

Did you know....

- ▲ Women in rural and northern areas live four years less than women in urban areas.
- ▲ People from rural and northern communities who are trained as health care professionals have a greater likelihood to practice in rural and northern areas, especially if they are trained close to home.

Making a Difference

Examples of how projects have met the objectives of the Rural and Remote Health Innovations Initiative are outlined below:

Promote the integration and accessibility of health services in rural and remote areas, including primary and specialty care

- ▲ The Nelson and area Health Council worked with partner groups in the West Kootenay region to develop a Guide which outlines the processes required to develop a primary health care facility for women living in rural and remote locations.
- ▲ Four Central Coast communities - two First Nations and two non First Nations are finding creative ways to work together for their communities' health. A committee is developing a model of how to work together through working on the common health issue of diabetes.

Explore ways to address workforce issues, including gaps in the supply of health professionals

- ▲ The Thompson Health Region has piloted the use of an advanced-practice nurse and an advanced life support paramedic as part of a community health centre for the Village of Clinton.
- ▲ The University College of the Cariboo piloted a Rural Pre-Health Professional Program designed to encourage rural and First Nations high school students to consider careers in health care.

Explore system reforms to improve the delivery of health services in rural and remote areas

- ▲ The B.C. Network of Community Health Centres has been established to support existing community health centres across B.C. and promote the development of new ones.
- ▲ Four health care co-ops have been incorporated in rural British Columbia as a result of the BC Co-operative Health Project: A New Approach for the Delivery of Rural Health Services.



Special Initiatives

This section outlines additional activities undertaken by the Regional Office during the past year.

Population Health Fund Projects
In addition to the 10 projects described on page 8, two additional projects have been funded in the B.C. Region as part of previous commitments:

HIPPY (Home Instruction for Parents of Pre-School Youngsters)

This project was launched in November 1999 as a pilot for HIPPY in Canada. Through the National Population Health Fund, Health Canada provided funding to support a 3 ½ year pilot project serving low income families. The Home Instruction Program for Preschool Youngsters combines home visiting with group parent meetings and support. Initial evaluations, comparing the first graduates of HIPPY with other Kindergarten peers, suggest positive trends in the cognitive and social development of children who attended HIPPY.

Prince George Fetal Alcohol Spectrum Disorder (FASD) Prevention Project: Communicating Fetal Alcohol Syndrome (FAS) Policy Solutions by Connecting Community Circles.

The Northern Family Health Society received funding over 3 ½ years to mobilize northern communities around the issue of FASD. This project reached out to residents living in the northeast section of the Province through many activities: creation of a website, provision of local training and the establishment of a FAS Family Centre.

Vancouver Agreement

PPHB's Regional Office plays a key role under the Vancouver Agreement (VA), which commits three levels of government to implementing a coordinated urban development strategy with an initial focus on the well-known problems being faced in the Downtown Eastside. Twelve federal departments are involved in the Vancouver Agreement, led by Western Economic Diversification. Health Canada is one of three departments on the Management Committee and PPHB is the lead Branch. Collaboration under the VA embraces a population health approach to support three equal components: community health and safety; economic and social development; and community capacity building. Significant improvements are being made with respect to collaboration across levels of government, coordination of resources, and the development of targeted services and programs at the community level.

Urban Aboriginal Strategy

The Regional Office is involved in the Urban Aboriginal Strategy (UAS), a "horizontal initiative," which brings people and resources together across departments and levels of government. The UAS is a national program announced in 1998 to address the needs of at-risk urban Aboriginal people. The UAS focuses on raising awareness of the issues facing urban Aboriginal people, improving their access to federal programs, and on improving policy and program coordination both within the federal system and between levels of government. In B.C., the UAS is being implemented through the Pacific Council of Senior Federal Officials. The Regional Office participates on behalf of Health Canada in the overall initiative and in the UAS Vancouver Demonstration Project, which is testing the capacity of federal departments to integrate the delivery of programs and services for urban Aboriginal youth.

Fetal Alcohol Spectrum Disorder (FASD)

Health Canada is committed to addressing FASD. Regional staff partner with a variety of organizations such as the Provincial FAS Consultation group, made up of colleagues, individuals, and agencies actively working in the field of FAS. PPHB is a member of the provincial Assistant Deputy Ministers Committee on FASD that oversees the development of a cross-ministry strategic action plan for FASD prevention, support and intervention. Regional staff support CAPC, CPNP and AHS projects by providing opportunities for skill building and resource sharing for FASD work in communities.





New Resources

Creative Spice: Learning from Communities about Putting the Population Health Approach into Action

Prepared by the Social Planning and Research Council of BC, this report presents the lessons learned in putting a population health approach into action at the community level. The lessons come from participants in eleven voluntary-sector projects located in B.C. and the Yukon and who received funding from Health Canada's Population Health Fund. Access the document online in English and French at: www.hc-sc.gc.ca/hppb/phdd/pdf/Creative_Spice.pdf

Understanding the Layers of the Population Health Approach - Top Ten Messages

This document is designed to increase the understanding of the "Population Health Approach" among staff and volunteers working in CAPC and CPNP funded projects. It identifies the top ten messages and provides explanations to the often asked questions of why, what and how. The document may be obtained by contacting the Regional Office.

Conferences & Training Workshops

- ▲ PPHB BC collaborated with Environment Canada and the Social Planning and Research Council of BC to deliver a day-long workshop at the 2002 Community Development Institute on "Mobilizing Community Action using the Population Health Approach."
- ▲ Staff and volunteers, from projects funded under the nine Population Health Funding Programs, were involved in a variety of skill building workshops over this past year.

Conference Presentations

- ▲ PPHB BC staff prepared and participated in a presentation on the *Vancouver Agreement: A coordinated Response to Drug Dependencies from the National, Provincial and Local Levels of Government using a Population Health Approach* at the World Forum on Drugs, Dependencies, Impacts and Responses, in Montreal, September 2002.
- ▲ A poster presentation, entitled *Bereavement Network Model and Resource Tool Development Initiative*, was presented by regional staff at the Barcelona HIV/AIDS International Conference, July 2002
- ▲ A poster presentation entitled, *Canadian Falls Prevention Initiative: Population Health in Action*, was presented by regional staff at the Valencia Forum, April 2002.

Additional Regional Evaluation Activities

CAPC - (Community Action Program for Children) As part of its work in improving the capacity of CAPC projects to measure program outcomes, PPHB-B.C. piloted the HOMES database with five CAPC Coalitions during this past year. Based on the results of the pilot, PPHB-B.C. is considering expanding the database project to include other Coalitions. The *National Program Profile (NPP3) Highlights Report*, based on the NPP3 Summary Report and regional NPP3 data, is available on request from the regional office.

CPNP - (Canada Prenatal Nutrition Program) The first draft of a Logic Model for all Pregnancy Outreach Programs (POP) in BC was developed and distributed in September 2002. The POP Logic Model identifies a set of common outcomes and indicators and was used by all projects as the foundation for their renewal workplans.

AHS - (Aboriginal Head Start) The AHS Evaluation Committee worked on 2 goals this past year: *Develop a core Logic Model* and *Select a set of common measurement tools for all AHS projects in BC*. The Logic Model will be used to develop a regional evaluation framework for AHS in B.C. In November, 2002, all AHS projects participated in training for the Work Sampling System (WSS), a method for assessing early childhood development.

HOW TO CONTACT US

We welcome your questions and comments. If you would like to speak to someone about one of the program areas discussed in this report, please contact the Population & Public Health Branch

B.C. regional office at:

440 F - 757 W. Hastings St.
Vancouver, B.C. V6C-1A1

Telephone: 604-666-2729
Fax: 604-666-8986

Aussi disponible en français

Visit the Health Canada Web Site at www.hc-sc.gc.ca

